STATE	OFFICE U			
Name and Address of Committee     Association for Louisiana's Public Health Advocates		2. Date of this Statement October 15, 2014	PAC S/O	!
		Estimated Membership     100	11/19	1400
Check If:  New Committee X	Monthly Filer	4. Amended Statement?  Yes X No	#89656 #2684	9129
All Committee Officers and Direct	ectors (including Chairperson, Tre	easurer, if any, and any other committee		
a. <u>Name</u> Barry Bernhard Henry Heier	b. <u>Position</u> Chairperson Treasurer	c. <u>Address</u> 13641 Airline Hwy., Baton I 4306 Iberville St., New Orle		
Affiliated Organizations     (Any organization, other than a         a. <u>Name</u> Alliance for the Protection of Louisiana's Public Health, Inc.	political committee, which direct b. <u>Address</u> 4306 lberville St., New Orle	ly or indirectly established, administers, eans, LA 70119	or financially supports this commi c. Relationship to Committee Directly Supports PAC	ttee.)
7. All Depositories for Committee funds.)	Funds (committee funds must b	e deposited in one or more banks or sa	vings and loan institutions or mone	y market mutual
a. <u>Name</u>	b. Address HAND DEL	IVERED	Final Control	
8. IF THIS COMMITTEE SUPPO Committee	RTS A SINGLE CANDIDATE:	a. Check one: Principal Ca	mpaign CommitteeSu	bsidiary
b. Name of Candidate		S.	c. Office Sought by the Cafe	đidate ≫
9. a. Name of Person Preparing Henry Heier b. Daytime Telephone 504-8	·	*		
		TATEMENT OF ORGANIZATION is true	e and correct to the best of our know	wledge, information
This 30th day of Oc	tober å	2014		
Signature of Comm	Durlink nittee Chairperson		25 - 752 - 0785 Daytime Telephone Number	
Signature of Comp	nittee Treasurer, if any	<u></u>	04822323 Daytime Telephone Number	32